



Human Services Department/ Youth & Family Services
39155 Liberty Street, Suite E-500, P.O. Box 5006, Fremont, CA 94537-5006
510-574 2100 *ph* / 510-5742105 *fax* / www.fremont.gov

2015-2016 INTERNSHIP/PRACTICUM APPLICATION

Name: _____

Home Address: _____

City: _____ Zip Code: _____

Phone: (cell): _____ (other): _____

e-mail: _____

Name of Graduate School: _____

Degree Program: _____ ☐ Completed ☐ In progress

Date Degree Obtained/or Projected Date: _____

MFT Intern registration#: _____ ☐ Not applicable

Number of supervised clinical hours you will have completed by **8/2015**: ☐ N/A

How did you hear about this internship?

Briefly describe the following, including relevant volunteer and life experiences:

1. Counseling/other experience with families:

2. Counseling/other experience with children and/or adolescents:

3. Counseling/other experience with clients from diverse cultures:

4. Counseling/other experience with low-income clients:

5. Experience or training in crisis intervention:

6. Other life experiences or previous occupations you consider relevant:

7. Indicate languages, in addition to English, in which you could conduct a counseling session:

8. Will you have completed the following courses by 8/2015?

Law and Ethics:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Child Abuse Reporting:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Family Therapy	<input type="checkbox"/> yes	<input type="checkbox"/> no
Child Therapy	<input type="checkbox"/> yes	<input type="checkbox"/> no

Do you have a preference at this point among the program options? *(Please review the options on the placement flyer in making your choice – you may check more than one)*

☐School site/Clinic ☐Clinic ☐Police dept

Please give the names and phone numbers of three people who could provide references, at least two of whom know your clinical skills or your work in a graduate program. These people would not be contacted until after an interview.

Name	How they know you	Phone #	Email

Have you ever been convicted of a felony or misdemeanor? Please list all convictions since age 18. (Convictions do not automatically disqualify you. The relevance of the offense, date of the offense and the surrounding circumstances may be considered)

I authorize Youth and Family Services staff to contact the above people to discuss my qualifications for the internship program at YFS. I certify that the above information is true, complete, and correct to the best of my knowledge. I understand that mis-statements may subject me to disqualification or dismissal.

Signature: _____ Date: _____

Return this application, along with your resume, to:

**Laurie Linscheid, MFT., Clinical Supervisor
Youth and Family Services
P.O. Box 5006
Fremont CA 94537-5006**

Or you can fax to 510-574-2105 or email to llinscheid@fremont.gov